

FILED JAN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1567
Registrar's No. 8

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 5582		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt 4 Carthage		c. LENGTH OF STAY (In this place) 1 hr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin Rt 2 Rural		0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt 4 (Atlas) Carthage, Mo				d. STREET ADDRESS (If rural, give location) Rt 2 Joplin, Missouri			
3. NAME OF DECEASED (Type or Print) FLOYD		a. (First) M.		c. (Last) RUSTIN		4. DATE OF DEATH (Month) (Day) (Year) January 5, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 25, 1906	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electric Lineman		10b. KIND OF BUSINESS OR INDUSTRY Electric Co.		11. BIRTHPLACE (State or foreign country) unknown 9		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Ruby A. Rustin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Alta Rustin Rt 2, Joplin, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrocution, fatal ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5.9143 8	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 049				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Atlas Corner		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jasper Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 5-51 1030 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5700 feet air grounded employe and electrocuted him			
22. I hereby certify that I attended the deceased from _____ that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Webb City, Mo. Coroner				23b. ADDRESS Joplin Nat'l Bank Bldg		23c. DATE SIGNED 1-8-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-8-51		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. 1-15-51		REGISTRAR'S SIGNATURE L.B. Clinton, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-24-51
Jasper County Health Office
County File Number 51-1-38
Date Filed 1-24-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Leonard J. Lewis Jr.

Signed

Student Embalmer

Licensed Embalmer No. 4561

P. O. Address _____

Wichita, Kan.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.